

## PROFESSIONAL BODY – CERTIFICATE OF STANDING

*To be completed by financial adviser applying for authorisation*

NAME OF FINANCIAL ADVISER \_\_\_\_\_

THE SKILLS ORGANISATION REFERENCE NUMBER \_\_\_\_\_

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*This section to be completed by an individual on behalf of a professional body.*

Name of the professional body:

Full name of the person completing this form:

Position within the professional body held by the person completing this form:

Address:

Telephone:

Email:

## Membership

*Please circle the appropriate answers, where applicable*

1. What position or level of membership does this financial adviser hold in your organisation?
2. Please specify the dates of membership providing a start date and end date where applicable.

## Complaints

3. Has your organisation ever received any complaints about this financial adviser? YES / NO  
If Yes, please describe the nature of the complaint and its outcome.

*Continue on separate sheet if necessary*

4. Has the conduct, advice or service of the financial adviser ever been the subject of any actions by your organisation, including but not limited to the following:
  - Investigation YES / NO
  - Discipline YES / NO
  - Censure YES / NO
  - Membership suspension or termination YES / NO

If you answer Yes to any of the above please provide specific details of the actions and the outcome of those actions below.

5. Are you aware if the financial adviser has ever been the subject of any action by any regulator, court, tribunal or employer, including but not limited to the following:
  - Investigation YES / NO
  - Discipline YES / NO
  - Censure YES / NO
  - Suspension YES / NO
  - Termination of employment YES / NO
  - Banning YES / NO
  - Conviction YES / NO

If you answer Yes to any of the above please provide specific details of the actions and the outcome of those actions below.

*Continue on separate sheet if necessary*

## Declaration

I am the person named in this form and sign on behalf of the named organisation. I am aware that the answers and information that I have provided in this form will be provided to the Financial Markets Authority and used in support of an application for authorisation of this financial adviser.

I declare that, to the best of my knowledge and after due inquiry, the information provided on this form is true, complete and correct.

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Signature

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Date

Please state the number of additional pages used to support this testimonial (if any).